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APPLICANTS

Mauricio Huerta Alva, Boise, ID;

** CONTINUING DATA *****

None (Dw)

** FOREIGN APPLICATIONS *****

None (Dw)

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/02/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY ID	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>Dw</i> Examiner's Signature	Initials	DRAWING 6	CLAIMS 29	CLAIMS 5

ADDRESS

22879
HEWLETT PACKARD COMPANY
P O BOX 272400, 3404 E. HARMONY ROAD
INTELLECTUAL PROPERTY ADMINISTRATION
FORT COLLINS , CO
80527-2400

TITLE

MRAM storage device

FILING FEE RECEIVED 1104	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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